

Personal Information and Service Change Request

GENERAL INFORMATION

Financial Institution Name (the "Financial Institution") and Address		Date
		Phone
Email	Website	Fax

DEPOSITOR INFORMATION

Depositor Name(s) (the "Depositor")	Membership No.
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INFORMATION CHANGE(S)

<input type="checkbox"/> NEW ADDRESS			
Address		Effective Date	
<input type="checkbox"/> NAME CHANGE			
New Legal Name			
Identification (must be a photo ID)			
Type	Reference Number	Expiry Date	
Place and Country of Issue			
<input type="checkbox"/> NEW CONTACT INFORMATION			
Email	Work Phone	Home Phone	
<input type="checkbox"/> NEW OCCUPATION			
Occupation/Nature of Principal Business			

SERVICE CHANGE(S)

Account No(s).		DEPOSITOR NAME 1		DEPOSITOR NAME 2	
	DEBIT CARD	<input type="radio"/> Add	<input type="radio"/> Delete	<input type="radio"/> Add	<input type="radio"/> Delete
Statement Type <input type="radio"/> Paper <input type="radio"/> Electronic	ONLINE BANKING	<input type="radio"/> Add	<input type="radio"/> Delete	<input type="radio"/> Add	<input type="radio"/> Delete

ACCOUNT CHANGE(S)

<input type="checkbox"/> CHANGE ACCOUNT			
<input type="radio"/> Open	Account No.	Account Type	Intended Use
<input type="radio"/> Close			
<input type="checkbox"/> CHANGE ACCOUNT			
<input type="radio"/> Open	Account No.	Account Type	Intended Use
<input type="radio"/> Close			
THIRD PARTY DECLARATION			
For the purpose of this declaration, a "third party" is an individual or entity other than the Depositor.			
<input type="radio"/> No, no third party is entitled to give instructions and/or direct activity on the account(s) opened above, or			
<input type="radio"/> Yes, one or more third parties is entitled to give instructions and/or direct activity on the account(s) opened above as described on the Third Party Declaration, attached.			
<input type="checkbox"/> ACCOUNT CLOSURE			
I/We hereby request to close all Accounts.		Reason:	
<input type="checkbox"/> MEMBERSHIP WITHDRAWAL			
I hereby request to withdraw from membership.		Reason:	

AGREEMENT

The Depositor hereby requests that the Financial Institution make the change(s) noted above and confirms that all of the information in this document is true and correct.

The Depositor acknowledges and agrees that the Depositor's Account Contract will continue in full force and effect following the completion of the changes noted above, and the Depositor's Account Contract together with this Personal Information and Service Change Request will be read and construed as one document.

X**Depositor Signature**

Name

Date

X

Witness Signature

Name

Date

X**Depositor Signature**

Name

Date

X

Witness Signature

Name

Date

FINANCIAL INSTITUTION APPROVAL**X**

Authorized Signatory

Date

PURPOSE AND INTENDED NATURE OF THE BUSINESS RELATIONSHIP

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